



Authorization to Administer Medication
(Prescription and/or over-the-counter medication)

The child's physician and a parent/guardian must sign this form before the Oswegoland Park District staff will administer prescribed or over-the-counter medication to a child while he/she is attending a Park District program.

Child's Name _____ Birthdate ____/____/____

Address _____ City _____ Zip _____

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Email address _____

To be completed by the child's physician if the child requires medication to be administered during the time that he/she is attending a Park District program:

Name of Medication _____

Dosage _____ Time _____

Reason for Medication _____

Is it mandatory that this medication be administered during the time that this child attends a Park District program? ☐ Yes ☐ No

Possible side effects to be aware of : _____

Signature of Child's Physician

Phone number

Address

Date

Further Instruction Remarks:

I hereby confirm my primary responsibility to administer medication to my child. However, in the event that I am unable to do so, I hereby authorize Oswegoland Park District and its employees and agents, in my behalf and stead, to administer or attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the Park District), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a nurse and specifically consent to such practices. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the Park District, its employees and agents, arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the Park District, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

Parent/Guardian Signature

Date